**Tips for Working with People with Disabilities: A Resource for Health Care Professionals**

* While the following tips are not exhaustive, they can be used by individuals in the healthcare field to communicate and work with people with visible and invisible disabilities.
1. **General Tips**
* Always ask the person how you can best assist.
* Speak directly to the person with a disability.
* Keep it simple – Use plain language to explain any jargon or medical terminology.
* Focus on the person and not the disability.
* Do not assume, if unsure how to identify a person with a disability, ask.
* Be patient and respectful.
1. **People with Autism**

***A).* Communication:**

* Visually check to see if there is an identification bracelet with special health information.
* Speak calmly - use direct and concrete phrases or write instructions on a pad if the person can read. Providing information in several different ways such as verbally, written, visually, etc. increases the likelihood of understanding.
* Allow extra time for the person to respond.
* Be patient - the person may communicate by repeating words or phrases, including words you said; they may talk about topics unrelated to the situation; or they may speak in a monotone voice, at a loud volume, and/or in a tone that is not typically considered normal, etc. Remember, this is not meant to irritate or disrespect you. Try to focus on the content of the person’s message rather than its delivery, and ask for clarification when needed.
* Avoid using euphemisms or phrases that have more than one meaning, such as, “knock it off” or “cut it out.”
* Check for injuries - some people with autism do not show any indications of pain.

***B).* Social:**

* Approach the person in a calm manner.
* The person may not understand typical social rules and cues.
* Try not to point out or change their behaviors unless it’s necessary.
* This may include invading your personal space, not making eye contact, dressing in a way that may be unusual to you, preferring to be farther away from you than typical, or not seeming to take the situation seriously.
* Do not assume - because of the lack of social understanding, persons with autism spectrum disorders may display behaviors that are misinterpreted as evidence of drug abuse, psychosis, defiance, or belligerence.

***C).* Sensory and Behavior:**

* Avoid touching the person, and if necessary, gesture or slowly guide the person.
* Attempt to find a quiet location for the person, especially if you need to talk with them.
* Consider offering to dim the overhead lights if they are bright and/or ask if the room has any sensory barriers that might be distracting or upsetting to the person.
* Be alert to the possibility of outbursts, impulsive, or unexplained behavior. If the person is not harming themselves or others, wait until these behaviors subside.
* Make sure that the person is away from potential hazards or dangers (busy streets, etc.) since they may not have a fear of danger.
1. **People with Blindness or Visual Impairments**
* Announce your presence, speak out, and then enter the area.
* Do not shout; speak naturally and directly to the individual.
* Do not be afraid to use words like “see,” “look,” or “blind.”
* Offer to help, but let the person explain what help is needed.
* Let the person grasp your arm or shoulder lightly, and be sure to mention stairs, doorways, narrow passages, and ramps for guidance.
* Communicate any written information orally.
1. **People with Cognitive Disabilities**
* Identify yourself, show your picture badge, and explain why you are there.
* Give extra time for the person to process what you are saying and to respond.
* Explain what will happen when events happen, how long they will last, and any written materials.
* Use short, simple, and concrete sentences.
* Look for signs of stress and/or confusion (for example, the person might say he or she is stressed, look confused, withdraw, or start rubbing their hands together).
* Ask and look for an identification bracelet with special health information, mobility aids, contact information, essential equipment, and supplies (wheelchair, walker, oxygen, batteries, communication devices [head pointers, alphabet boards, speech synthesizers, etc.]).
* Look for conditions that people might misinterpret (for example, someone might mistake Cerebral Palsy for drunkenness).
* Share the information you have learned about the person with other workers who will be assisting the person.
1. **People who are Deaf or Hard of Hearing**
* Establish eye contact with the individual, not with the interpreter, if one is present.
* If possible, flick the lights when entering an area or room to get their attention.
* Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, not necessarily clarity.
* Use facial expressions and hand gestures as visual cues and check to see if you have been understood and repeat if necessary.
* Offer to provide information via pencil and paper. Write slowly and let the individual read as you write.
* Be patient – the person may have difficulty understanding the urgency of your message.
* Keep instructions simple, in the present tense, and use basic vocabulary.
1. **People with Mental Illness**
* Speak slowly and in a normal, calm, speaking tone.
* Keep your communication simple, clear, and brief.
* If they are confused, don’t give multiple commands; ask or state one thing at a time.
* Be empathetic - show that you have heard them and care about what they have told you. Be reassuring.
* If the person is delusional, don’t argue with them or try to “talk them out of it.” Just let them know you are there to help them. Ask if there is any medication and recommend they take it with them.
* Try to avoid interrupting a person who might be disoriented or rambling – just let them know that you must move quickly.
* Do not talk down to them, yell, or shout.
* Have a forward-leaning body position - this shows interest and concern.
1. **People with Mobility Impairments**
* Always ask how you can best assist.
* Do not make assumptions about the person’s abilities.
* Ask if they can stand or walk without help or mobility devices such as a cane, walker, or wheelchair.
* Treat any mobility device as an extension of the person’s body. This includes not touching the device without the person’s consent.
* A person using a mobility device may be able to negotiate stairs independently.
* Do not interfere with the person’s movement unless asked to do so, or it’s necessary. Explain what you will need to do and why.

***A).* Evacuating Wheelchair Users:**

* If the conversation takes more than a few minutes, sit, or kneel to speak to the person at eye level.
* Ask before you assume the person needs help, or what that help should be.

**B). Carrying Techniques for Non-Motorized Wheelchairs (One-Person Assist):**

* The in-chair carry is the most desirable technique to use, if possible, grasp the pushing grips, if available.
* Stand one step above and behind the wheelchair.
* Tilt the wheelchair backward until a balance (fulcrum) is achieved.
* Keep your center of gravity low. Descend frontward.
* Let the back wheels gradually lower to the next step.

***C).* Carrying Techniques for Non-Motorized Wheelchairs (Two-Person Assist):**

* Position the second rescuer:
* Stand one, two, or three steps down (depending on the height of the other rescuer).
* Grasp the frame of the wheelchair.
* Push into the wheelchair.
* Descend the stairs backward.

***D).* Motorized Wheelchairs:**

* Two to four people may be required to lift a motorized wheelchair, which may weigh over 100 pounds and may be longer than manual wheelchairs.
* People in motorized wheelchairs probably know their equipment much better than you do.
* Before lifting, ask about heavy chair parts that can be temporarily detached, how you should position yourselves, where you should grab hold, and what if any, angle to tip the chair backward. Motorized wheelchairs are often extremely expensive and customized to the individual; therefore, they are not quickly or easily replaced if damaged.
* Turn the wheelchair’s power off before lifting it. Ask the person if they have any special requirements for being transported down the stairs.
1. **People with Multiple Chemical Sensitivities**
* Ask what the person is sensitive to, including a history of reactions to various drugs you may have to administer.
* Reassure the person & consult with the person’s environmental physician if possible.
* Flag the person’s chart or other written information that he, she, or they are chemically sensitive.
* Allow the person to wear a mask or respirator, use an air filter, or open a window as needed.
* Assign caregivers who are not wearing perfume or fabric softener on clothes and who are not smokers.
1. **Older Adults**
* Ask how you can best assist the person.
* Repeat questions and answers if necessary.
* Be patient and take time to listen.
* Identify yourself and explain why you are there.
* If the person has dementia - identify yourself, speak slowly using short words in a calm voice, ask yes or no questions, repeat if necessary, and maintain eye contact.
1. **People with Seizures**
* If the person senses an incoming seizure, lay the person down on their left side.
* Provide help if asked, stay calm, speak softly, and rub the person’s arms or back gently.
* Do not try to force the mouth open, this can cause injury to the teeth or jaw.
* Move nearby objects away from the person that could lead to injury and place a soft object underneath the person’s head to protect it.
* When jerking from the seizure is over, loosen clothing around the neck and remove glasses if the person wears them.
* Time the duration of the seizures and give this information to the individual. If the seizure lasts more than 5 minutes or the person does not resume consciousness, call 911.
1. **People with Service Animals**
* Always ask the person how you can best assist them.
* A service animal is not a pet. Consider the service animal as a medical or assistive device.
* Do not touch or interact with the animal, and do not give the animal food or treats without the permission of the owner.
* A person is not required to give you proof of a disability that requires a service animal. You should accept the claim and treat the animal as a service animal.
* A service animal must be in a harness or on a leash but need not be muzzled.

**Resources**

* Autism Society of Texas - <http://www.texasautismsociety.org/>
* Autism: The International Journal of Research and Practice -https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4841263/
* Centers for Disease Control and Prevention - CDC -
* <https://www.cdc.gov/ncbddd/disabilityandhealth/materials/factsheets/fs-communicating-with-people.html>
* <https://stacks.cdc.gov/view/cdc/11500/>
* Dallas Hearing Foundation - <http://dallashearingfoundation.org>
* Department of State Health Services - TTD - <http://www.dshs.state.tx.us>
* Disability Rights Texas - <http://www.disabilityrightstx.org>
* Epilepsy Foundation Texas - <http://www.eftx.org>
* Independent Living Research Utilization - ILRU - <http://www.ilru.org>
* Mental Health America of Texas - <http://www.mhatexas.org/>
* National Association for the Mentally Ill - <http://www.namitexas.org>
* National Federation of the Blind of Texas - <http://www.nfbtx.org>
* Research and Evaluation on Disability and Disaster - Project REDD - <https://redd.tamu.edu>
* Texas Health & Human Services - [https://hhs.texas.gov/services/disability/](https://hhs.texas.gov/services/disability/blind-visually-impaired)
* Texas School for the Blind & Visually Impaired - <http://www.tsbvi.edu>
* Texas School for the Deaf - <http://www.tsd.state.tx.us>
* The Arc of Texas - [www.thearcoftexas.org](http://www.thearcoftexas.org)
* The Online Journal of Issues in Nursing - <https://ojin.nursingworld.org/table-of-contents/volume-22-2017/number-1-january-2017/articles-on-previously-published-topics/caring-for-patients-with-service-dogs-information-for-healthcare-providers/>
* The Texas Information and Referral Network - <http://www.211texas.org>
* United Spinal Association - <http://www.unitedspinal.org>
* United Spinal Association - Houston Chapter - <http://www.unitedspinalhouston.org>

**References**

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